

# Washington Metropolitan Area Transit Commission

## 2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 13 2016

### 1. CARRIER INFORMATION:

2614	Lotus Holidays Corp, t/a Lotus Tours			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
414 Hungerford Drive, #203		Rockville	MD	20850-4125
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
12828 Fox Fern Lane		Clarksburg	MD	20871-4041
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(301) 424-8400		(301) 424-8583	lotusholidays88@hotmail.com	
*Telephone	Other Telephone	Fax	E-mail	

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

2466715			
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Songwu Guan	President
*Name	*Title
(301) 424-8400	(301) 424-8583 lotusholidays88@hotmail.com
*Telephone	Other Telephone Fax E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process	Telephone	E-mail
Agent Address (must be inside Metropolitan District)	Apt./Suite City	State Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
1201	2014	MERZ	WDZPE7CC7E5883989	10746P	MD	12	No

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Songwu Guan

\*Name (type or print)

President

\*Title (not required for sole proprietors)

Songwu Guan

\*Signature

01/09/2016

\*Date